

**NFL****CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION  
No. 2:12-md-02323 (E.D. Pa.)**REGISTRATION FORM**

All Settlement Class Members, whether a Retired NFL Football Player, a Representative Claimant, or a Derivative Claimant, must register to be eligible for benefits. Please complete this form to the best of your ability. You also may complete this form online by clicking the Register Now button at [www.NFLConcussionsettlement.com](http://www.NFLConcussionsettlement.com). If you need assistance, call 1-855-887-3485.

**EVERYONE MUST SELECT ONE OPTION BELOW**

- ☐ I am a Retired NFL Football Player.
- ☐ I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player.
- ☐ I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.

**SECTION I — IDENTITY OF RETIRED NFL FOOTBALL PLAYER**

Everyone must complete this section

<b>Name of Retired Player</b>	First	M.I.	Last	Suffix
<b>Retired Player's SSN, Taxpayer ID or Foreign ID Number</b> (if not a U.S. Citizen)	<div> <div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div> </div> <div>-</div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>		<b>Retired Player's Date of Birth</b>	<div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div> </div> <div>/</div> <div> <div></div><div></div><div></div><div></div> </div>
		or		
			(Month/Day/Year)	

  

<b>Retired Player's Professional Football Employment History (if known)</b>  Please complete this section to the best of your ability, as shown in the example. If you need space for more than six teams, please attach an extra page to this form.	Team	From	To
	<i>Example:</i> New York Giants	2001	2005
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		

**CONTINUE TO PAGE 2**

**REGISTRATION FORM****SECTION II — FOR RETIRED NFL FOOTBALL PLAYER CLAIMANTS ONLY**

If you are a Retired NFL Football Player, complete this section. If you are NOT a Retired NFL Football Player, skip this section and go to Section III.

**Settlement Program ID**  
(if known)

**Your Mailing Address**

Address 1

Address 2

City

State/Province

Postal Code

Country

**Your Telephone Number**

|\_|\_|\_|\_| - |\_|\_|\_|\_|\_| - |\_|\_|\_|\_|\_|

**Your Email Address**

**Preferred Method for Us to Communicate with You**

☐ Online Portal

☐ Email

☐ U.S. Mail

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# REGISTRATION FORM

### SECTION III — FOR REPRESENTATIVE CLAIMANTS ONLY

If you are a Representative Claimant, complete this section. If you are NOT a Representative Claimant, skip this section and go to Section IV.

A Representative Claimant is an authorized representative, ordered by a court or other official of competent jurisdiction under applicable state law, of a deceased or legally incapacitated or incompetent Retired NFL Football Player.

Settlement Program ID (if known)	
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<b>Your Name</b>	First	M.I.	Last	Suffix
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<b>Your Mailing Address</b>	Address 1	
	Address 2	
	City	
	State/Province	
	Postal Code	Country

<b>Your Telephone Number</b>	<div><div><div></div><div></div><div></div><div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div><div>-</div><div><div><div></div><div></div><div></div><div></div></div></div></div>
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<b>Your Email Address</b>	
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<b>Preferred Method for Us to Communicate with You</b>	<input type="checkbox"/> Online Portal	<input type="checkbox"/> Email	<input type="checkbox"/> U.S. Mail
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Is the Retired NFL Football Player for whom you are acting deceased or legally incapacitated or incompetent?	<input type="checkbox"/> Deceased <input type="checkbox"/> Legally Incapacitated or Incompetent
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<b>Date of Death</b> (if applicable)	 <p>(Month/Day/Year)</p>	<b>Retired NFL Football Player's Last Known State of Residence</b>	
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**Note to Representative Claimants:**

Along with this Registration Form, YOU MUST SUBMIT a copy of the court order or other document issued by an official of competent jurisdiction that gives you legal authority to act on behalf of the deceased or legally incapacitated or incompetent Retired NFL Football Player.

If you have not yet been ordered by a court or other official of competent jurisdiction to be the authorized representative of the deceased or legally incapacitated or incompetent Retired NFL Football Player before the Registration deadline, you may request a deadline extension to submit your Registration Form by: (1) using your secure online portal; or (2) writing to the NFL Concussion Settlement Claims Administrator, P.O. Box 25369, Richmond, VA 23260.

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Registration Form for the NFL Concussion Settlement Program  
Page 4 of 6

**REGISTRATION FORM****SECTION V — ATTORNEY INFORMATION  
FOR ALL REGISTRANTS**

If an attorney is representing you in connection with the NFL Concussion Settlement, complete this section. If an attorney is NOT representing you in connection with the NFL Concussion Settlement, skip this section and go to Section VI.

<b>Attorney Name</b>	First	M.I.	Last	Suffix
<b>Law Firm Name</b>				
<b>Attorney Mailing Address</b>	Address 1			
	Address 2			
	City			
	State/Province			
	Postal Code	Country		
<b>Attorney Telephone</b>	<div style="text-align: center;">  _ _ _ _  -  _ _ _ _  -  _ _ _ _ _  </div>			
<b>Attorney Fax</b>	<div style="text-align: center;">  _ _ _ _  -  _ _ _ _  -  _ _ _ _ _  </div>			
<b>Attorney Email Address</b>				
All future communications related to the NFL Concussion Settlement will be directed to your attorney.				

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**REGISTRATION FORM****SECTION VI — SIGNATURE  
FOR ALL REGISTRANTS**

This Form is an official document submitted in connection with the Class Action Settlement in *In re: National Football League Players' Concussion Injury Litigation*, No. 2:12-md-2323 (E.D. Pa.). **By signing below, I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that all information provided in this Registration Form is true and correct to the best of my knowledge, information and belief.**

**Signature****Date**

(Month/Day/Year)

**Printed Name**

First

M.I.

Last

Suffix

**SECTION VII — HOW TO SUBMIT THIS REGISTRATION FORM****By Email:**

ClaimsAdministrator@NFLConcussionSettlement.com

**By Mail:**

NFL Concussion Settlement  
 Claims Administrator  
 P.O. Box 25369  
 Richmond, VA 23260

**By Delivery:**  
 (FedEx, UPS, etc.)

NFL Concussion Settlement  
 c/o BrownGreer PLC  
 250 Rocketts Way  
 Richmond, VA 23231

**If you are a valid Settlement Class Member you will be REGISTERED once you submit this form. The Claims Administrator will contact you if there are any additional questions about the information you have provided.**

**END OF REGISTRATION FORM**